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**Air Ambulance Rates Report**

The Utah Air Ambulance Committee and the Utah Department of Health are required by statute to issue a report for Utah licensed air ambulance providers. The requirement and information given in this report are for the calendar year 2021.

**Statutory Requirement**

Utah Code Annotated Title 26-8a-107(7) says the following:

(7)

- (a) The committee shall prepare an annual report, using any data available to the department and in consultation with the Insurance Department, that includes the following information for each air medical transport provider that operates in the state:
  - (i) which health insurers in the state the air medical transport provider contracts with;
  - (ii) if sufficient data is available to the committee, the average charge for air medical transport services for a patient who is uninsured or out of network; and
  - (iii) whether the air medical transport provider balance bills a patient for any charge not paid by the patient's health insurer.
- (b) When calculating the average charge under Subsection (7)(a)(ii), the committee shall distinguish between:
  - (i) a rotary wing provider and a fixed wing provider; and
  - (ii) any other differences between air medical transport service providers that may substantially affect the cost of the air medical transport service, as determined by the committee.
- (c) The department shall:
  - (i) post the committee's findings under Subsection (7)(a) on the department's website; and
  - (ii) send the committee's findings under Subsection (7)(a) to each emergency medical service provider,

health care facility, and other entity that has regular contact with patients in need of air medical transport provider services.

### **Requested Statistical Information**

The Utah Air Ambulance Committee sent a voluntary questionnaire to the Utah licensed Air Ambulance Providers and a request to the State Insurance Department for insurance claims data in order to include the most correct data with this report.



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The following billing information was received from providers for the beginning of 2021:

**Table**  
**Voluntary Reported Air Ambulance Charges**

Provider	Provider submitted response	Rotary Wing Aircraft Rates	Fixed Wing Aircraft Rates	Contractual Insurance Agreements	Balance Billing for Patients
AirMed (University of Utah)	Self-reported	Base Rate: \$17,06.81  Mileage Rate: \$223.50	Base Rate: \$12,093.70  Mileage Rate: \$78.00	Aetna ASA Aetna Standard Network Aetna Utah Connected Cigna HMO Cigna PPO DMBA First Choice of Midwestern First Choice Health/Health First Health Leased Network First Health Workers Compensation Health Utah Network Molina MarketPlace MotivHealth MultiPlan Network Northern Nevada Trust PacificSource PacificSource/Smart Health PEHP Advantage Care PEHP Preferred Care PEHP Summit & Summit PHCS Prominence (formerly Prominence) Regence Federal (FEP) Regence Traditional Regence ValueCare Regence FocalPoint Regence HPN Regence Individual & Family SelectHealth Southeastern Idaho Physicians Universal Health Network United Options PPO UUHP Healthy Preferred WISE Network	AirMed reports that it does <b>not</b> balance bill patients.
Life Flight (Intermountain Health Care)	Did not self-report	Base Rate: \$  Mileage Rate: \$	Base Rate: \$  Mileage Rate: \$		
Classic Air (Owned)	Did not self-report	Base rate: \$	Base rate: \$		.

and Operated by Intermountain Health Care)		Mileage rate: \$	Mileage rate: \$		
Guardian (Owned by Air Medical R Holdings)	No response was received.	Not provided.	Not provided.	Not provided.	Not provided.
All Other Utah Based Licensed Air Ambulance Providers which make up 5% of the Utah market share.	No response was received from any of the remaining providers.	Not provided.	Not provided.	Not provided.	Not provided.

\*The Utah Department of Health contacted the Insurance Department to inquire about related data for the report. The Insurance Department does not maintain information listed in Title 26-8a-107(7).

The Utah Department of Health, Office of Health Care Statistics (OHCS) provides the following required information for calendar year 2020:

<b>Table 1. Required Statistics</b>	
Total billed charges for air ambulance flights	\$72,974,906.44
Total number of air ambulance flights	2,020
Number of flights with no patient responsibility for paying part of the charges	1,587 (78.6%)
Number of flights where the patient was responsible for paying all or part of the charges	433 (21.4%)
Minimum patient responsibility* (excluding zeroes)	\$6
Median patient responsibility* (excluding zeroes)	\$1,337
Maximum patient responsibility*	\$57,164

*\*Note this excludes any balance billing. Last year this was a little more than \$7,000. This year there are three that are much higher at \$57,164 (0350), \$29,565 (0150), \$17,428 (0200). The next is \$8,150 which seems more reasonable, but the \$57,164 might be due to a high deductible plan.*

<b>Table 2. Information for Included Air Ambulance Companies</b>		
<b>Company</b>	<b>Number of 2020 claims (Including zeros)</b>	<b>Median patient responsibility* (excluding zeroes)</b>
Intermountain Life Flight	1,184	\$1,432
AirMed (University Health Care)	313	\$1,420
Classic Lifeguard (Classic Air Medical)	236	\$1,158
Guardian Flight (AMRG)	134	\$300
St Mary's Medical Center	26	NA
Mercy Air Service	23	\$300

Rocky Mountain Holdings, LLC	20	\$1,070
San Juan Regional Medical Center	15	\$1,730
Life Flight Network LLC	12	\$3,404
Flagstaff Medical Center	12	\$9,753
Reach Air Medical Services LLC	8	\$1,674
St Luke's Regional Medical Center	4	\$1,560
Other	33	\$1,047

*\*Note this excludes any balance billing*

<b>Table 3. 2021* Out-Network Flags for Air Ambulance Companies</b>		
<b>Company</b>	<b>Number of 2021 claims</b>	<b>Number of Out of Network Flags</b>
Intermountain Life Flight	433	27 (6.2%)
AirMed (University Health Care)	404	24 (5.9%)
Classic Lifeguard (Classic Air Medical)	90	14 (15.6%)
Mercy Air Service	46	9 (19.6%)
St Mary's Medical Center	28	3 (10.7%)
Rocky Mountain Holdings, LLC	22	7 (31.8%)
San Juan Regional Medical Center	16	1 (6.3%)
Guardian Flight (AMRG)	14	4 (28.6%)
Reach Air Medical Services LLC	7	3 (42.9%)
St Luke's Regional Medical Center	4	0 (0.0%)
Life Flight Network LLC	3	2 (66.7%)
Flagstaff Medical Center	3	1 (33.3%)
Other	40	9 (22.5%)

*\*Note this is preliminary data for 2021 and only includes about the first half of 2021*

## Analytical Methods

The following analytical methods were used.

1. **Data Source:** The Utah All Payer Claims Database (APCD) contains information from health plans, insurers and other carriers with more than 2,500 Utah covered lives.
2. **Definition of an air ambulance flight:** Medical claims using Current Procedural Terminology (CPT) codes A0430, A0431, A0435, and A0436.
3. **Claims included/excluded:** Final adjudicated medical claims for an air ambulance flight where the payer was designated as the primary payer, service date in calendar year 2019.
4. **Air Ambulance Providers:** We used the National Provider Identifier (NPI) listed on the claim as the billing provider to identify the air ambulance company. If the field is blank, the service provider was used. If both billing and service provider NPIs were blank, the

provider name was used. We combined variations in air ambulance names into single entities where appropriate.

**5. Financial fields:**

- a. **Charge (billed) amount** – The amount that the air ambulance requested to be paid
- b. **Patient responsibility** – The total amount that the plan estimates to be the patient’s responsibility for the air ambulance service. If a patient has secondary coverage, part or all of this responsibility may be covered by another payer. NOTE however, if the air ambulance is considered out of network the patient may be balance billed (see 5-d below).
- c. **Calculating medians** – Since over half of the air ambulance claims have no patient responsibility, the overall median is \$0. The reported medians are conditional medians where all claims with no patient responsibility are excluded.
- d. **Balance Billing:** If a payer does not have a contract with the air ambulance, the patient may be billed for the difference between the billed charge and the allowed amount. This possibility (called “balance billing”) is not captured on a medical claim.